

## COMMISSION ON AFFORDABLE HEALTH CARE

COPIC, Mile High Room

12:30 – 3:00 PM

### Meeting Minutes

07-13-2015

**Commissioners present:** Cindy Sovine-Miller (vice-chair), Elisabeth Arenales, Sue Birch, Jeffrey Cain, Rebecca Cordes, Greg D'Argonne, Steve ErkenBrack, Ira Gorman, Linda Gorman, Dee Martinez, Marcy Morrison, Dorothy Perry, Marguerite Salazar, Christopher Tholen, Jay Want, Bill Lindsay (chair), Larry Wolk  
**Staff:** Lorez Meinhold and Cally King (Keystone Policy Center)

#### **Action Items/Follow-up:**

- Each Commissioner should provide their legislative contacts to Jeff to help coordinate Commission outreach to the General Assembly
- Commissioners should let Ira know the topic areas they are interested in and where they can help disperse the research workload.
- Keystone to send a survey to the Commissioners to gauge best times and days for the new bi-monthly Commission meeting schedule.
- Disclosure statement documents located on the Commission website will be highlighted better and easier for the public to access.

**Next Meeting:** Monday, August 10<sup>th</sup>, 12:30 – 3:30PM at COPIC

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#### **Meeting Summary:**

##### **I) Review of Agenda**

- A) Cindy Sovine-Miller, vice chair, opened the meeting with brief remarks and a review of the day's agenda.

##### **II) Approval of the Minutes**

- A) Motion to approve the Minutes made by Greg D'Argonne and seconded by Dorothy Perry.  
B) Minutes from the June Commission meeting were approved without further discussion, revisions or opposition.

##### **III) Standing Committee Reports**

###### **A) Planning Committee**

- 1) The Commission discussed the memo sent from Chair Bill Lindsay re: Funding for the Commission (See meeting attachments for memo re: Funding for the Commission dated 6/25/2015)
  - (a) Chris Tholen provided an update on the revised Commission budget.
    - (i) The Commission was initially funded at \$400K (with ability to roll unexpended funds forward) and the Commission anticipated a second round of appropriations of \$400K for each additional year; however, the Commission's budget was not fulfilled for the 2015-16 FY by the General Assembly in the state budget nor through a secondary emergency supplemental funding request through the Joint Budget Committee (JBC).

The Commission has rolled over \$275K from the first year which leaves approximately 9 months of funding in the budget. The Commission needs to find additional funding to operate beyond April-May 2016 (Commission is currently exploring and requesting grants, donations, etc.). The work required by the Commission in the enabling statute does not seem attainable with today's current funding levels.

- (ii) Commission Discussion/Questions:
  - Have we had discussion on what we can pare back on if the money is not forthcoming? Travel plans can be very expensive.
    - ◆ The Planning Committee has had those discussions and Bill will walk the Commission through those options.
- (b) Additional details from Bill on Commission funding:
  - (i) The Commission has enough money to fund 9 months (April 2016) of the consultants' contracts, Attorney General advice, and use of ReadyTalk technology.
  - (ii) The Commission has two pending foundation grant requests and are working on one additional request. If awarded, the grants could potentially be enough to cover year two essentials as well as the costs for the statewide meetings.
  - (iii) In order to be considered for additional funding from the JBC/General Assembly, the Commission needs to accelerate its process and show progress.
- (c) Proposal from Bill on potential options to move forward:
  - (i) Hope to be successful in grant requests to continue minimal, essential work of the Commission.
  - (ii) Reorient and restructure work with expectation Commission has only one year left (not two).
  - (iii) Plan to use the August meeting to review the initial charge from the General Assembly and decide what aspects of the charge we, as a Commission, can prioritize with limited time and budget.
  - (iv) Resolve the Research and Communication Committees and instead operate as a Committee of the Whole.
  - (v) Hold two Commission meetings per month to accomplish as much as possible.
  - (vi) Postpone statewide meetings to spring 2016
- (d) Proposed revised Decision Making Model (see handout)
- (e) Commission Discussion/Questions:
  - (i) Do we know what the timing is on the grant funding requests?
    - The requests will total about \$85K and we are hoping to hear by end of August from Rose Community Foundation (\$15K) and The Colorado Health Foundation (\$35K), who would like to do a site visit before granting the funds. A third request is being drafted and will be submitted to The Colorado Trust.
  - (ii) There seem to be ways to realize efficiencies in the ways we are operating so we can get through our set agenda in a faster manner. If we merge the Research process into one where everyone is part-and-parcel of the discussion, it seems we can be more efficient in moving forward. We could process a comprehensive set of recommendations in a thorough way; there are trade-offs and decisions we need to make in order to make all this happen. It seems to make sense to have the statewide meetings at a later date to receive input on recommendations (if we only have funding for one set of statewide meetings instead of two rounds).
  - (iii) What month is the Commission funded through?
    - The Commission is currently through April 2016 (not including the short-term grants).

(iv) Operating as a Commission of the whole:

- is a great first step to streamline conversations and move forward. I think the Commission can tackle this work in a year and is up for the challenge. We have a PR problem, our intentions are right but we are not communicating it clearly or effectively to our audiences. The Commission could appoint ambassadors from the group to facilitate dialogue with the Legislature.
- Also agree we can streamline the process and make it quicker - we need answers and remedies around cost as quickly as possible. There are a lot of good reasons to condense our work and I think we can do it.
- Health care changes daily, we can barely keep up as it is so if you stretch out our length to 2.5 years we will miss the boat because things have changed nationally. Anything we can do to make this come together and more efficient will mean we did our job.
- Agree with having one Commission of the whole to make the Commission more effective. Speeding up the process also makes sense, even though it may mean a heavier work load. I am comfortable either way with the statewide meetings and financing myself would not be an issue.
- We could streamline the Committee process that would make sense moving to a Commission of the whole.
- Fine with Commission of the whole process and accelerating the process. I am concerned about the quality of our final product without proper funding, but accelerating the process may provide the opportunity to go back to the General Assembly and request additional funding.
- If we adopt this framework, then we're moving to twice a month meetings which include more time commitment to prepare for bi-monthly meetings on top of 9 statewide meetings in a 2 month period. I want to make sure we're all realistic about what we may be committing to.
- We are taking on a herculean task with our hands tied. I agree with comments on structure and timeline moving forward. Even though this may not be ideal, this is adapting to our realities. At our next meeting, or during the interim, we need to think about how we scale down the scope and focus on the areas where we can really make a difference. Also, what does it mean to this Commission if we are unable to make progress in all areas as outlined to us?
- With a shortened time frame we can still do quality work and I am okay with that process. We should look at our current budget forecast and work within those parameters (instead of expecting the grants to be rewarded).

(v) Comments on delay of stakeholder meetings

- Commitment to having stakeholder meeting, but question of when
- To the statewide meetings, there probably is logic in pushing back to a later time but could figure out how to do it.
- Empathize with comments made about statewide meetings but the issue is not the cost of having the meetings – it is the time necessary to do the statewide meetings. If we continue with statewide meetings this summer, the Commission discussion will be pushed out further (keeping in mind the consultants are only contracted through April). The intent in delaying the statewide meetings is to provide more time to get through substantive issues and then have real items to bring to the public.

- I disagree with moving statewide meetings to spring; we should be meeting with legislators on their turf and need to find a way to make it work – there is not money in the budget to make this work so I would ask Commissioners to help with those travel costs on their own to make it happen.
  - Torn on the statewide meetings – there is value to having communities as part of the process from the bottom-up but also understand the issues of cost. Is there a way to engage the public electronically and then go to in-person meetings later?
  - Additionally, it may be problematic to only go out to a couple of communities instead of all since it may be perceived that we are focused only on certain areas of the state. I'm not sure we have much to offer and put on the table if we go out next month for the statewide meetings. Assuming we only have one shot at the statewide meetings, I would rather go out later and ask for feedback on recommendations than do a general listening tour right now.
  - There is value to receiving public input but we need to be prepared to have a dialogue with communities to receive their feedback - we don't want to just go out and listen to or speak at these communities without a set agenda.
  - If we continue with statewide meetings this summer, the Commission discussion will be pushed out further (keeping in mind the consultants are only contracted through April). The intent in delaying the statewide meetings is to provide more time to get through substantive issues and then have real items to bring to the public.
  - One solution would be to continue with the statewide meetings and also conduct regular business of the Commission during these meetings. We currently have quorums for the dates reserved on our calendars.
  - Most of the people who attend the meetings will be those who are involved in the industry themselves or represent the industry in some way. Also, I don't think all Commissioners will have to attend all the meetings.
  - Want to clarify that being a proponent of delaying the statewide meetings does not mean we don't want to hear from the public – it's just a reorganization of process and want to make the most of all our limited resources in the most efficient way possible.
- 2) MOTION from Steve ErkenBrack to condense Commission meetings by accelerating the schedule and moving to operate as a Committee of the Whole. Motion seconded from Greg D'Argonne.
- (a) Public Comment:
- (i) Ryan Biehle, CCHI: Consolidating the pace will be beneficial and help keep people engaged and reach solutions. Postponing statewide meetings would be supported by CCHI until there are more concrete guardrails around the discussion and how to narrow the scope of the topics. The issues will compound when you step into the public realm and could turn into a quagmire.
    - Q: What happens if the Commission runs out of money and can't get to the statewide meetings?
      - ◆ We have that challenge as well in collecting feedback in a timely manner. There are other ways to gather feedback besides doing a face-to-face meeting that may be timelier and more efficient.
  - (ii) George Swan, retired hospital administrator: When I heard about reducing the timeframe the most significant piece I can see is that from May-Oct 2016 there is going

to be a major debate discussion in the electoral process that will make a difference in how people vote. I think this is related to the public meetings to the extent that an informed finding from the Commission is made available to the public by the end of the session is significant.

- (iii) Joanne Fujioka, Denver Democrats: We held a forum on ACA and the meeting was packed with only 2 weeks' notice. This shows the importance, urgency and thirst from the public for the information this Commission brings. The Commission has the ability to bring us facts and research that is extremely valuable and needed for the public.
- (iv) Donna Smith, citizen and patient: I suspect hospital providers and insurance companies have no issue getting information to the Commission but the public has a hard time getting this information to the Commission in a meaningful way. I hope you hold the statewide meetings and do it sooner rather than later before running out of funds.
  - Q: If Commission guarantees they will do the meetings, no matter what, does that change your opinion – would you do the meetings now or later?
    - ◆ I would do it now. For those of us who are patients (hate being called a consumer) then you are going to have to hear from the public to inform your work in a meaningful way. If the Commission is going to get future funding, the importance of work is elevated if the meetings are held sooner.
- (v) Ken Connell, Colorado Health Champions: Right on with expediting the schedule. A lot of people are wondering what's happening behind closed doors. When it comes to the public, my experience is that once the public is welcomed and feel like someone is going to listen we can, and will, participate. The sooner you get to the Congressional Districts, you are opening the door and the folks you engage there know they are welcome.
- (b) Much of the public comment was in response to both propositions of condensing the Commission timeline and postponing the statewide meetings. The motion before the Commission to vote on now is to condense Commission meetings by accelerating the schedule and moving to operate as a Committee of the Whole
- (c) The motion to condense the meeting schedule and operate as a COW was passed unanimously by the Commission without any objection.
- 3) MOTION from Elisabeth Arenales recommending the Commission use every available tool to solicit public feedback – through technology and written comments – in the near future and postpone statewide meetings until later in the process. Seconded by Steve ErkenBrack with the caveat that statewide meetings will be conducted.
  - (a) Opposition: Marcy Morrison, Dorothy Perry and Cindy Sovine-Miller
  - (b) Affirm: Rebecca Cordes, Ira Gorman, Linda Gorman, Greg D'Argonne, Steve ErkenBrack, Chris Tholen, Elisabeth Arenales, Bill Lindsey, Jeff Cain
  - (c) The Motion to postpone the statewide meetings passed 9-3.

**B) Communications Committee – Jeff Cain**

- 1) The Committee met last week and supported moving work from the Communications Committee into the Commission of the Whole.
- 2) The communications plan has been established but will need to be reorganized based on new Commission structure. The Commission will plan on continuing legislative outreach.
- 3) The Commission website is near ready to go live and is anticipated to be accessible by the end of July.
- 4) Commission Questions/Discussion:
  - (a) What is the plan with legislative outreach?
    - (i) We have a list prioritizing legislative outreach, including to the Governor's office and Committees of reference.

- (b) ACTION: Each Commissioner should provide their legislative contacts to Jeff to help coordinate Commission outreach to the General Assembly.

**C) Research Committee – Ira Gorman**

- 1) The Research Committee identified tracks outlined in the Roadmap (see Research Committee Roadmap document)
  - (a) Define research and goals
  - (b) Describe spending in Colorado
  - (c) Explore what impacts costs
- 2) Plan to move forward on identified topics with Commissioner leads on assigned topics through the new Commission structure (see Roadmap for topics and assigned leaders). The Committee has assigned topic areas to Committee members who are responsible for researching the topic with CHI and providing presentations and materials for the Committee to review and discuss.
- 3) Commission Questions/Discussion:
  - (a) Who identifies the articles for the Commission to read?
    - (i) The Commissioner assigned to the topic in coordination with CHI. There are primary articles the Commissioners are supposed to read before each meeting and we also provide secondary articles for supplemental reading.
  - (b) It would be nice, moving forward, to disperse the Research Committee workload among the Commission of the Whole.
    - (i) ACTION: Commissioners should let Ira know the topic areas they are interested in and where they can help disperse the research workload.

**D) Other conversation:**

- 1) The Commission will need to discuss meeting schedule and how to reorganize the Research Committee schedule to fit into the condensed Commission schedule
  - (a) ACTION: Keystone will send a survey to Commissioners to gauge best times and days for the Commission meeting schedule.

**IV) Presentations by:**

**A) Spending Analysis and Data Sources - Amy Downs, CHI (see PowerPoint presentation from CHI)**

- 1) Commission Questions/Discussion:
  - (a) Because the data isn't available for 2014-15, are the percentage increases an assumption?
    - (i) We don't have that information from Colorado, but when we look at the national data for 2014-15 we can assume it will increase in Colorado as well and that the state will have a healthy growth rate. If anything, Colorado is probably slightly higher since we have insured more people than national averages.
  - (b) We are talking about expenditures, not costs – correct? (Yes.)
  - (c) Is there a way to make this data easier to understand for people who aren't following this topic? Better infographics?
    - (i) Yes, this would be displayed differently for communications materials than how it is presented to the Commission.

**B) Cost Commission Update: Achieving Value in Medicaid – Sue Birch, Colorado Dept. of Health Care Policy and Financing (See PowerPoint presentation from HCPF)**

- 1) Commission Questions/Discussion:
  - (a) Do we know percentage of super utilizers who are benefiting from mental health? How do BHOs fit into the regions?
    - (i) We did put out guidance on how we intend to re-procure RHICOs next year. The 7 regions are very different with different strengths and weaknesses.

- (b) At some point it may be helpful to have someone talk about 1281 and how it is going.
  - (i) Towards November we should have more data available on that topic.
- (c) Are you collecting data on the quality of services? How does the Department handle that? What about long-term care for the elderly?
  - (i) The Department has a robust quality division. The Department has coordinated metrics and received several awards for the quality metrics. Through the Hospital Provider Fee we have a very robust quality program in partnerships with hospitals. For long-term care we have lots of data points, but would need to break it down because there are different aspects to consider for long-term older adult care.
- (d) To the per capita costs on page 4 of the presentation – can you break that information down more?
  - (i) We are working on it and have some preliminary information we can share towards the end of the year. It is a complicated process.

#### **V) Website Update**

- A) [www.colorado.gov/cocostcommission](http://www.colorado.gov/cocostcommission)
- B) Site anticipated to go live by the end of July
- C) Commission discussion:
  - 1) ACTION: Documents on disclosure statements should be highlighted and easier to access for public

#### **VI) Public Comment**

- A) Ken Connell, Colorado Health Champions: I brought copies of ColoradoCare booklets for Initiative 20. The projections show savings of \$6.1B in 2019 (year one of full implementation). The booklets provide a lot of cost analysis data. The official proposal is available on the website.
  - 1) Q: Who did the modeling for the booklets?
    - (a) Gerald Friedman, economist from Amherst, did the initial projections and Ivan Miller is responsible for the projections within the booklet.
- B) George Swan, retired hospital administrator: Information about expenditures is great. The data provided is from 2010, but that is really old. The Medicaid data was probably some of the first data included in APCD. To Marcy's point on data, she is speaking on behalf of the public. Wouldn't it be nice if the Department provided pivot tables for data transparency? They would be one of the first in the nation; it would be very easy and no cost.